FILED NOV 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Henry

Township Deepwater

City Montrose (No. , St. Ward)

Registration District No. 352

Primary Registration District No. 5493

File No. 35808

Registered No.

2. FULL NAME Mr. George Henderling

(a) Residence, No. St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 25 1870

7. AGE YEARS 68 MONTHS 6 DAYS 28 If LESS than 1 day, ...hrs. or ...min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Apa Germany

13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Jos Volmer, Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Germantown DATE Oct. 15, 1938

19. UNDERTAKER (ADDRESS) Montrose Mo. Lannert & Lannert

20. FILED 19 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 , to , 19 .

I last saw him alive on Oct 13 , 1938. Death is said to have occurred on the date stated above, at 6 30 a. m.

The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset 1-20-38

Other contributory causes of importance:

Mitral Insufficiency 3 yr

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. S. McDonald M. D.
(Address) Urich Mo

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35-808

Do not use this space.

1. PLACE OF DEATH

(a) County _Henry_   Registration District No. _35-2_

(b) Township _Deepwater_   Primary Registration District No. _3493_   Registered No. _____

(c) City _____   (d) Street No. _____ St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred   yrs.   mos.   ds.   (f) How long in U. S., if of foreign birth?   yrs.   mos.   ds.

2. PRINT FULL NAME _Mr George Henderina_

(a) Residence, No. _____ St.
(Usual place of abode, if no street address, write county or city)   (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _male_

4. COLOR OR RACE _white_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Single_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Mch 25 = 1870_

7. AGE   YEARS _68_   MONTHS _6_   DAYS _28_   If LESS than 1 day, ... hrs. or ...... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _Farmer_

9. Industry or business in which work was done, as saw mill, bank, etc. _Retired_

10. Date deceased last worked at this occupation (month and year) _1936_

11. Total time (years) spent in this occupation _Life time_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Apa Germany_

13. NAME (FATHER) _Don't Know_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Germany_

15. MAIDEN NAME (MOTHER) _Don't Know_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Germany_

17. INFORMANT (ADDRESS) _Joe Palmer Montrose Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _German Town_ DATE _Oct 15 - 3_

19. FUNERAL DIRECTOR (ADDRESS) _Mont Rose Mo._

20. FILED _12-2 1938_ _Mrs Leo Heiman_ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Oct 13, 1938_

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__.

I last saw h__ alive on _Oct 13_, 1938. Death is said to have occurred on the date stated above, at _6.30 a._ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Influenza

Other contributory causes of importance: _Mitral Insufficiency_

Name of operation _____   Date of _____

What test confirmed diagnosis? _____   Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____   Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _J. E. McDonald_ , M. D.

(Address) _Urich Mo_